

Date Correction Plan Due 5/25/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Identify expected completion. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Laurita Family Child Care		Provider Number / Facility ID Number 7000591047 / 001 - 2006214	
Address - Facility (Street, City, State, Zip Code) 1817 S 17Th St Milwaukee WI 532043111		Telephone Number 414-213-2742	Date - Regulation Visit 5/7/2026
		Correction Plan	Expected Completion Date
	Rule/Statute Number Noncompliance Statement		Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: Child #1 did not have documentation of a health history page.	The child's health history page was completed and added to child's file. All child's records will be reviewed to ensure required health history documentation is complete and maintained.	5/7/26
2	250.04(6)(a)1m.e. Child Record - Health History - Medical Conditions Description: Child #1 did not have documentation of medical conditions.	The child's health record / medical conditions was completed and added to child's file. All child's records will be reviewed to ensure required health history documentation is complete and maintained.	5/7/26

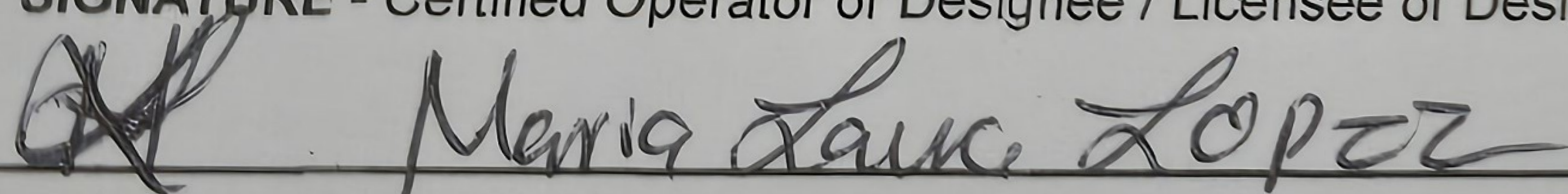
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3	250.06(2)(m) Premises - Condition & Repair Description: There was siding panels on the ground of the outdoor play space that were accessible to children.	Siding panels were picked up the next day. After event house update all material will be picked up, right away.	5/8/26
			Verification Date

NAME - Agency Worker
Joel Marquez

Date Issued
5/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

 Maria Laura Lopez

05/18/26